

# EXHIBIT 194

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Nilsa M. Caban Torres

Participant's Address: Urb. Jardines San Domingo C-5; A-23, Juncos, PR

Participant's Email Address: nilsa-caban@yahoo.com

Name of Counsel: \_\_\_\_\_

Address of Counsel: \_\_\_\_\_

Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS

Nature of Claim: Pension de Retiro

By: [Signature]  
Signature

Nilsa M. Caban Torres  
Print Name

\_\_\_\_\_  
Title (if Participant is not an individual)

08/12/2021  
Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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Participant's Name: Nilsa M. Caban Torres

Participant's Address: Urb. Jardines Sto. Domingo C-5; A-23, Juncos 0192

Participant's Email Address: nilsa-@yahoo.com 00795

Name of Counsel: \_\_\_\_\_

Address of Counsel: \_\_\_\_\_

Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS

Nature of Claim: Pension de Retiro

By: [Signature]  
Signature

Nilsa M. Caban Torres  
Print Name

\_\_\_\_\_  
Title (if Participant is not an individual)

August 12, 2021  
Date

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Participant's Name: Nilsa M. Caban Torres

Participant's Address: Urb Jardines Sta. Domingo C-5, A-23, Juncos, PR 00745

Participant's Email Address: nilsa-caban@yahoo.com

Name of Counsel: \_\_\_\_\_

Address of Counsel: \_\_\_\_\_

Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS

Nature of Claim: Pensión de Retiro

By: [Signature]  
Signature

Nilsa M. Caban Torres  
Print Name

\_\_\_\_\_  
Title (if Participant is not an individual)

August 12, 2021  
Date

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Participant's Name: Nilsa M. Caban Torres  
Participant's Address: Urb. Jardine Sto. Domingo C-5; A-23, San Diaz DR 00795  
Participant's Email Address: nilsa-caban@yahoo.com  
Name of Counsel: \_\_\_\_\_  
Address of Counsel: \_\_\_\_\_  
Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS  
Nature of Claim: Pension de Retiro  
By: [Signature]  
Signature  
Nilsa M. Caban Torres  
Print Name

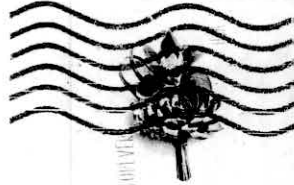
\_\_\_\_\_  
Title (if Participant is not an individual)

12 de agosto de 2021  
Date

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Nilsa M. Caban Torres  
Urb. Jardines Santo Domingo  
Calle 5, A-23  
Juana Diaz, PR 00945

SAN JUAN PR 009  
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Prime Clerk LLC  
Grand Central Station  
PO Box 4850  
New York, NY 10163-4850

RECEIVED

AUG 17 2021

PRIME CLERK

10163-485050

